Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03/13/07</u>	Address:	2459 W 900 N
Case #:	<u>16-17166</u>		Macy, Indiana
County:	<u>Miami</u>		
Type of La	aboratory Seizure (check one)	Scizure Location (check all that apply)
☐ Operation ☐ Chemico ☐ Dumpsi	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Situcture ☐ Other: Casmper
Items Four	nd: Location (bedroom, kitchen, open a	<u>ir, etc)</u>	
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: camper/truck			
Water Reactive Metal (Lithium): <u>truck</u>			
Anhydrous Ammonia: truck/camper/property			
Hydrochloric Acid Gas Generator(s):			
	/c Acid: camper/turck	•	
Corrosiv	/e Base:		
🔀 Other (it	em and location):spent reaction passe	enger	
CLNJ d	40.0		
Child under age 18 discovered (check one) Yes 0 (number present) No *If yes, fax report to Child Protective Services		Investigative Information Liphodrine/Psoudoephedrine Tracking Log Rotail/Merchant Tip Other:	
This report	is to be faxed to the following agen	cies that serve the lo	cation:
Fire Departr	nent: Macy Allen Twp VFD	Fax: 765-47	<u>72-5191</u>
Health Department: Miami County		Fax: 765-473-0285	
Child Protec	ction Service: <u>N/A</u>	Fax: <u>N/A</u>	
For further in Investigating	aformation regarding this methamphe g Officer: <u>R. Burgess</u> Phon	stamine laboratory, co ic <u>765-473-6666</u>	ontací

*** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.